

Purpose of data submission

What data are being requested?

SAMHSA is requesting that grantees in **Cohorts 8 and 9** submit a targeted set of service utilization data about clients enrolled in the Primary and Behavioral Health Care Integration (PBHCI) program. These data are not captured by the National Outcome Measures (NOMS) that grantees are required to report to SAMHSA via SPARS. Specifically, these targeted services are related to medication management, care management, psychotherapy and counseling, physical health care, wellness services, medications, peer support, and referrals.

How will the national cross-site evaluation use these data?

These data are critical to help SAMHSA understand service utilization beyond what is captured in the NOMS. We will use the data to monitor the delivery of care and calculate clinical quality measures that align with measures endorsed by the National Quality Forum or are used in national quality reporting programs. Unfortunately, we cannot calculate these measures using only NOMS data.

Which grantees are reporting these data?

Only grantees in Cohorts 8 and 9 are reporting this information.

How did you select these variables? Why are they important?

The variables reflect services that are consistent with the goals of providing whole-person care. A technical advisory panel of consumers, clinicians, and researchers helped us identify the initial set of variables. A group of grantees and local grantee evaluators then helped us refine the list of variables and guided our decisions on the structure of the data submission. We recognize that there is variation across grantees in what they can report and in their service definitions. We have attempted to provide clarifying service definitions that may help standardize reporting across grantees.

Getting help

Who do I contact with questions? How can I get help?

Contact Mathematica Policy Research with questions about this data request by writing to pbhcieval@mathematica-mpr.com or calling 866-504-9640. Mathematica can help you crosswalk the services to your systems and navigate submitting the data via the secure website. We anticipate that grantees will need to spend time on the initial crosswalk of these variables to your systems.

Data submission process and timeline

When should I submit the data?

SAMHSA requires submission of this data **semi-annually** following the schedule in Table 1. You can submit the data more frequently if you wish. **For cohort 9, the first submission due date is January 31, 2018.** For the first data submission for cohort 9, please provide service utilization data that begins with the date that *your first PBHCI client was enrolled* (that is, provide retrospective service utilization data from the first date of PBHCI client enrollment through Dec 31, 2017). After July 31, follow the reporting schedule in Table 1 below. *Continue to report service utilization data following the schedule in Table 1 until the client is no longer enrolled in PBHCI.*

Table 1. Electronic data due dates

Period covered by the data submission	Submission due date
July 1 through Dec. 31	Jan. 31
Jan. 1 through June 30	July 31

Where do I send the data?

Mathematica will assign each grantee a unique identifier and password to access our secure website. You may request your ID and password by emailing pbhcieval@mathematica-mpr.com or calling 866-504-9640. Using your identifier and password, please upload your data file(s) to this site:
<https://www.pbhcieval.com/Grantee/SitePages/Home.aspx>.

How do you safeguard the security of the data?

Grantees will transmit data via a password-protected secure website. The file should not contain any personally identifiable information (PII). (We are not asking for names, birthdates, medical record or health insurance identifiers, or other personally identifiable information about PBHCI clients.) Only Mathematica staff have access to the secure website and files.

Source of data and structure of data submission

What is the format of the data submission?

Your data submission can follow the example format and layout provided in the “Example Layout” tab of the spreadsheet (in which each row represents a client and each column is a variable). However, we recognize that for some grantees it may be difficult to transform your data into this format. Therefore, you can also provide the data in alternative formats so long as we can understand it. In order for Mathematica to be able to use the data, *please ensure that every file you submit includes SPARS (formerly TRAC) identification numbers for each client encounter reported.*

Can we submit separate files for different variables or pieces of data?

Yes. You can submit separate files that we can piece together. However, each file needs to be organized with a row representing each client. Each row of every file must contain the client’s TRAC/SPARS identifier.

Does the data need to come from an electronic health record (EHR)?

No. Grantees should identify the most reliable data source of each variable. Some variables may be captured in grantees’ or their partners’ EHRs while other variables might be captured in clinical registries, case management systems, or other electronic tracking systems (for example, some grantees have set up separate systems to track client participation in wellness services). We recognize that grantees have different access to different types of systems.

Grantees may wish to use the Wellness Services Tracking tool to capture client participation in wellness services. Grantees are not required to use this tool. This tool and a separate FAQ document about the tool can be found here: http://www.integration.samhsa.gov/pbhci-learning-community/resources#data_collection

Do I need to submit a file that only contains data for the past six months or can I submit a file with cumulative data?

Either. If it’s easier for you to submit a file that contains all cumulative data for PBHCI clients, we can use that file to amend your earlier files. Conversely, if you find it easier to submit files that only cover the past six months (or past quarter, if you wish), you can submit the semi-annual or quarterly files, and we can append it to your other files.

What if our systems use different variable names than the ones provided in the spreadsheet?

If it is difficult to use the variable names suggested in our spreadsheet, you can submit your data using alternative variable names. You would need to provide Mathematica with a crosswalk of variable names so that we can interpret the data correctly. Submit the variable crosswalk file via the secure SharePoint site at the same time as your data submission.

Do I report this data for multiple sites?

Yes, report this data for every client enrolled in the PBHCI program.

Questions about data elements/variables**If I don't have access to all the variables, can I report some but not others?**

Yes. Please submit what you have. We understand that some grantees are still putting their systems into place. Some grantees may have increased access to data over time.

Do you expect grantees to conduct medical record reviews to find these data?

We hope that most grantees can export these variables from the back end of their systems rather than going into the front end to conduct record reviews. It is not our intention for you to conduct medical record reviews. Some grantees may also export these data from other systems, such as clinical registries or spreadsheets that they have developed to track participation in wellness services. In order for Mathematica to be able to link the data, please ensure that every file you submit includes TRAC/SPARS identification numbers for each client encounter reported.

Many of the variables ask for services delivered by the "PBHCI program or clinic." How do you define the "PBHCI program or clinic"?

Grantees are implementing different models of integration and have different program structures. For variables that refer to services provided by your PBHCI program or clinic, we ask that you report services delivered *by providers who you recognize as part of your program or who are affiliated with your program*. Do not limit reporting of services only to those providers who are directly supported by the grant funding (some grantees have partnerships with providers who may not receive grant funding). We also recognize that programs evolve from the time of their grant application, and therefore, your definition of the program (and the providers affiliated with the program) may not perfectly match what was stated in the grant application.

Do you want us to report services delivered by other providers in the community who are not connected with the PBHCI program?

Yes. We ask you to report physical health and primary care services that are delivered by providers who are *unaffiliated with the PBHCI program if clients are receiving such services*. For example, some clients may wish to retain a medical provider in the community and only use certain PBHCI services. To the extent possible, we would like to know how frequently the client has contact with these other community providers, but we do not expect grantees to access the EHRs or electronic systems for providers who are unaffiliated with your PBHCI program. Rather, your PBHCI program may be capturing client encounters with other providers in the community via client self-report or some other care management tracking mechanisms. We recognize that accurately capturing these visits is difficult, but we would like to receive any data you collect about such encounters.

Should we only report billable services?

No. Do not restrict reporting of services only to the billing codes provided in the spreadsheet. Not all services are billable for every grantee. Please report billable AND non-billable services that meet the service definitions provided in the spreadsheet. We have provided billing codes only as a reference to help grantees that may wish to crosswalk the service definitions to billing codes. However, the list of billing codes is not exhaustive. Grantees may use a variety of billing or service codes.

What if peer-support staff provide care-coordination or case-management services? In this situation, should I count peer-support and care-coordination services separately?

If peer-support staff provide care-coordination or wellness services, *report those services under the care coordination and wellness service variables* and NOT as peer support services. The peer support variable is intended to capture peer support services other than care coordination or wellness services.

How would I capture hospitalizations or emergency room (ER) services without access to hospital systems?

We recognize that not all grantees have data-sharing arrangements with hospitals. If you do not have such arrangements, you may be obtaining this information via client self-report (not ideal but better than nothing) or tracking this through some other case-management or care-management systems.

Do you want me to list every medication the client received?

Yes, but if this is not possible to produce, we would be glad to receive a list of the active medications in the last day of the reporting period. We recognize grantees systems for tracking medications have different reporting capacities. Please indicate which information you are providing (all medications or active medications) when you make your data submission.

What if National Drug Code (NDC) numbers are not available for medications?

If your systems do not capture NDC numbers, you can report the name of the generic or brand name of the medication. We are NOT requesting dosage information.

Why are you requesting diagnosis codes? How do you plan to use this information?

We will use diagnosis codes to understand the health characteristics of the population served by the PBHCI program including their comorbidities. We understand that grantees' EHRs or other electronic systems have different functionalities for reporting diagnoses. Some grantees have systems that allow for exporting or dumping all diagnoses for a defined period of time. Other grantees have systems that only allow for querying active diagnoses on a defined date. Ideally, we would like grantees to submit all diagnoses present during the reporting period. If that is not possible, you can submit active diagnoses on the last day of the reporting period.